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REQUEST FOR DEXAMINATION

CONTINUED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	10/032,991	
Filing Date	DECEMBER 26, 2001	
First Named Inventor	ANNE LAFAGE	
Group Art Unit	2625	
Examiner Name	MANAV SETH	
Attorney Docket Number	FR000153	

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (May not exceed 3 months; Fee required per 37 C.F.R. §1.117(i) b. Other 3. Fees a. X The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQURIED Name (Print Type) David Barnes Registration No. (Attorney/Agent) A7,407 Signature CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents,			_						_		
i. X Consider the supplemental amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on July 29, 2005, (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously field on	1.	Sul	bmi	ssio	n required under	37 C.F.R. §	1.114		······································		
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b. Enclosed i. Preliminary Amendment ii. Affidavit(s) Declaration(s) iii. Information Disclosure Statement iv. Other (may not be a brief) 2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i) b. Other 3. Fees a. X The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print Type) David Barnes Registration No. (Altorney/Agent) A7,407 Signature CERTIFICATE OF MAILING OR TRANSMISSION In energy certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, on the date below: on the date below: on the date below:		i. X Consider the supplemental amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on July 29, 2005, (Any unentered amendment(s) referred to above will be entered).									
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3. Fees a. X The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQURIED Name (Print Type) David Barnes Registration No. (Attorney/Agent) A7,407 Signature Date 3 - 26 - 05 CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office tel#	·										
a. X The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQURIED Name (Print Type) David Barnes Registration No. (Attorney/Agent) Date 3-25-05 CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office tel#:	ı	b. [Oth	er		· · · · · · · · · · · · · · · · · · ·				
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